

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 002392	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 03/09/2016
NAME OF PROVIDER OR SUPPLIER TERRACE AT TOWNE CENTRE THE		STREET ADDRESS, CITY, STATE, ZIP CODE 7252 ARTHUR BLVD MERRILLVILLE, IN 46410		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	<p>INITIAL COMMENTS</p> <p>This visit a Post Survey Revisit (PSR) to the Investigation of Complaint IN00189742 completed on 02/02/16.</p> <p>Complaint IN00189742-Corrected.</p> <p>Survey date: March 9, 2016.</p> <p>Facility number: 002392 Provider number: 002392 AIM number: N/A</p> <p>Census by bed type: Residential: 38 Total: 38</p> <p>Census Payor type: Other: 38 Total: 38</p> <p>Residential Sample: 5</p> <p>The Terrace at Towne Centre was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the Investigation of Complaint IN00189742.</p> <p>Quality Review was completed by 32883 on 3/11/16.</p>	{R 000}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE